

TO: _____
Department of Health and Social Services
Division of Public Health
Section of Community Health and Emergency Medical Services

FROM: _____

DATE: _____ PHONE: _____

SUBJECT: Request for Verification Site Visit Relative to Level IV Trauma Facility
Capability

- I. Please proceed with arrangement for a verification visit to the above facility. Please forward materials essential for the visit. We understand that:
 - a. Verification is formal and may result in issuance of a certification by the State of Alaska.
 - b. A written report of the evaluation is provided.
 - c. Designation of facilities as Level IV trauma centers will be made by the State of Alaska based on recommendations from the verification surveyors.
- II. We agree to remunerate the site visitors according to the following schedule:
 - a. Transportation, meals, and lodging required for the visit per surveyor
 - b. Stipend as needed per surveyor
- III. Our preferred time frame for the visit is:
 - a. Earliest date: _____
 - b. Latest date: _____
- IV. Contact information for Clinical Director:

(Name)

(Address)

(Phone Number)
- V. Signature and typed name and title of person authorized to sign this application (typically Chief Executive Officer)

(Signature)

_____(Name)

_____(Title)



REVIEW AGENDA

The purpose of the trauma center designation review process is to verify a hospital's compliance with American College of Surgeons (ACS) standards for a Level IV trauma facility as outlined in 7AAC26.720(d). Site surveyors are responsible for obtaining an accurate assessment of the hospital's capabilities in a very short period of time. For this reason, we ask that the personnel responsible for overseeing the trauma care of patients at the hospital carefully prepare for the visit by having all documents and medical records organized and accessible to the surveyors. Please use the attached checklist to assure that you have included all documents needed for the questionnaire. Please be aware that surveyors will look beyond the requested documents and medical records if they need additional verification of compliance with the standards. This questionnaire gives surveyors an overview of the trauma program and serves as a guide for the review process.

For planning purposes, the review will last approximately five hours. Please note that, in general, the review team will set the schedule for the day. The schedule may vary according to surveyor preference. Please have one staff member available to accompany the surveyors on the tour of the facility. It is helpful for the Clinical Director, Nurse Director, and Medical Records Director to be readily available to the survey team for the entire review. The surveyors will visit each department listed below, not necessarily in the order stated.

I. Emergency Department – 45 minutes

- a. Review emergency department facility, resuscitation area, equipment, protocols, flow sheet(s), staffing, physician call
- b. Interview emergency department physician(s) and emergency department nurse(s)
- c. Review the pre-hospital interaction and QI feedback mechanism

II. Blood Bank/Laboratory – 10 minutes

- a. Inspect facility
- b. Interview technicians
- c. Determine availability of protocols for blood products

III. Interviews (as needed)

Potential interviews include: Hospital Administration, QI Coordinator

IV. Chart Review/QI – 3 hours

- a. Review Quality Improvement documents
- b. Review medical records

V. Site Surveyors preparation for Exit Interview – 20 minutes

Closed meeting – site survey team only

VI. Exit interview – 30 minutes

Hospital Administration, Clinical Director, Nursing Director, QI Coordinator, and others as desired by hospital administration.

Available at Time of Review

All materials listed below and requested in the application must be available *in the room where the chart review will take place*. A room with conference table and adequate space for surveyors to comfortably complete the review of the medical records should be available.

- I. Listing of hospital's trauma activity for one year:
 - a. Intramural education – physicians, nurses, paramedics/EMTs
 - b. Extramural education – physicians, nurses, paramedics/EMTs
 - c. Community outreach/Injury prevention programs
 - d. Copy of schedule for three months prior to review
 1. Emergency department physicians
- II. Quality Improvement:
 - a. Minutes of all QI meetings for one year
 - b. Attendance records for all QI meetings for one year
 - c. Documentation of all quality improvement programs relating to trauma for one year (provide evidence of loop closure)
 - d. Trauma registry information/statistics
- III. Medical Record Review:
 - a. Specific trauma patient medical records will be requested either before the review or from the trauma registry at the time of the review. Those records requested prior to the review should be in the review room and organized in stacks according to injury type to make them easily accessible to the surveyor.

All deaths should be placed together by category – preventable, potentially preventable, and non-preventable – in separate stacks. Label all stacks so the surveyors can access the appropriate charts easily.



PRE-REVIEW QUESTIONNAIRE

(Please feel free to use additional pages for your response, if necessary)

I. PURPOSE OF SITE REVIEW

- a. **Type of review: Level IV Trauma Facility** (circle one)
consultation verification

- b. **This review is at the request of** _____

- c. **Previously reviewed?** (circle one) **YES** **NO**

1. If yes, type of review and date? _____

2. If yes, describe in detail, the improvements directed toward the previously summary as strengths: _____

3. If yes, describe in detail, the improvements directed toward the previously defined institutional weaknesses: _____

- d. **Have there been any administrative changes at your facility that have influenced care of trauma patients?** (circle one) **YES** **NO**
If yes, please explain: _____

- e. **Discuss any recent local or regional trauma system improvement activities and your facility's involvement in these activities:** _____

II. PREHOSPITAL SYSTEM

a. Prehospital system description

1. Describe your EMS process to get patients to your facility for trauma care and evaluation: _____

2. What modes of prehospital transportation are available in your area? _____

3. Briefly describe the EMS governing body, include descriptions of medical leadership: _____

- a. Is a 911 system present in your community? (circle one)

YES NO

- b. Is a 911 enhanced system present in your community?

(circle one) YES NO

4. How are EMS personnel dispatched to the scene of an injury? ____

5. EMS providers are: (circle correct response)

Paid Volunteer Part paid/part volunteer

6. What is the highest level of EMS response in your community? ____

7. Describe in detail your hospital's participation in QI activities of prehospital personnel: _____

8. Describe your hospital's participation in a regional disaster plan:

III. FACILITY INFORMATION

a. Describe your hospital, including the governance and affiliations, and its role in the community, including regional trauma activities. (Include applicable organizational charts.) _____

b. Facility beds

1. Total number of licensed acute care beds: _____

2. Number of beds staffed and operational: _____

a) Adult beds: _____

b) Pediatric beds: _____

3. Average daily census for past year:

a) Adult: _____

b) Pediatric: _____

c. Facility commitment

1. Facility commitment is evidenced by support in the following areas:

- a) Injury Prevention;
- b) Acute Trauma Care;
- c) Long-term and/or Rehab care; and
- d) Staff Education

2. What community injury prevention activities does your facility support? _____

3. **How does your facility provide support for acute trauma care?** ____

4. **How is long-term care and/or rehab care for the trauma patient at your facility provided?** _____

5. **Does your facility support trauma education for employees?**

(circle one) **YES NO**

Explain: _____

IV. TRAUMA CARE

a. **How do you obtain additional needed personnel during emergencies?**

b. **What is your procedure for handling more than one injured patient arriving simultaneously?** _____

c. **Trauma/Statistical Data** (Obtain from State Trauma Registry)

1. **Total number or ED visits for reporting year:** _____

2. **Total number of trauma-related ED visits for reporting year:** ____

3. **Number of hospital trauma admissions for one year:** _____

4. **Number of hospital trauma transfers for one year:** _____

5. **Number of trauma registry patients admitted or transferred by ISS:**

	Admitted	Transferred	Mortality
a) ISS <= 9:	_____	_____	_____
b) ISS 10-15:	_____	_____	_____
c) ISS 16-24:	_____	_____	_____
d) ISS >= 25:	_____	_____	_____

d. Trauma Transfers

1. **Are there any formal transfer agreements for transfer of trauma patients into the hospital?** (circle one) **YES** **NO**
2. **Were there any formal transfer agreements for transfer out of facility in last reporting year?** (circle one) **YES** **NO**
If yes, indicate number: _____

V. HOSPITAL FACILITIES

- a. **List emergency department physicians on Chart A and attach.**
 1. **Attach ED director's curriculum vitae**
 2. **Include trauma-related CME course names for all ED physicians**
- b. **Attach a copy of emergency department flow sheet(s) and any trauma care protocols.**
- c. **Define the experience, certification and education requirements, as well as the credentialing process for the nurses providing care to the trauma patient in the emergency department.** _____

- d. **Is there resuscitation and monitoring equipment available within the emergency department?** (circle one) **YES** **NO**
- e. **Is there a blood transfusion protocol?** (circle one) **YES** **NO**
- f. **Is there a lab tech available 24 hours?** (circle one) **YES** **NO**
- g. **What is the estimated ED stat for order response time?** _____

- h. Number of burn patients treated during last reporting year: _____
- i. Number of burn patients admitted during last reporting year: _____
- j. Number of burn patients transferred to another facility last reporting year: _____
- k. Describe your transfer policy/procedure for burn patients: _____

- l. Do you have transfer protocols for burn patients? (circle one) YES
NO
- m. Number of spinal cord patients treated during last reporting year: _____
- n. Number of spinal cord patients transferred to another facility last reporting year: _____
- o. Describe your transfer policy/procedure for spinal cord patients: _____

- p. Who discusses organ procurement and donation with the family of terminally injured patients at your facility? _____

VI. SOCIAL SERVICES

- a. Do you have social services within your facility? (circle one) YES
NO
- b. Do you have crisis intervention programs within your community?
(circle one) YES NO
- c. Do you have counseling available for the family? (circle one) YES
NO

VII. QUALITY IMPROVEMENT

- a. Describe how trauma care issues are identified and tracked in the QI program at your facility: _____

- b. Do the nursing units participate in the review of trauma cases?
(circle one) YES NO

- c. List your QI filters related to trauma care: _____

- d. Have the trauma case reviews affected the way trauma patient care is provided? (circle one) YES NO

- e. List all QI committees at your facility who review trauma care as well as the membership of those committees: _____

1. Is attendance required at these committee meetings? (circle one)
YES NO

2. To whom do the committees report findings? _____

3. How often do the committees meet? _____

- f. Who abstracts data for the trauma registry? _____

g. Is the trauma registry data obtained concurrently during the patient's admission? (circle one) YES NO

h. Who reviews deaths in your emergency room? _____

VIII. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

a. Are your ED physicians required to take ATLS? (circle one) YES NO

b. Percentage of ED physicians that have current ATLS certification: ____

c. Are your nurses who provide trauma care to patients required to take TNCC? (circle one) YES NO

d. What is the percentage of nurses providing trauma care who have current TNCC certification? _____

e. Is there funding for trauma education for physicians, nurses, and/or prehospital personnel at your facility? (circle one) YES NO

f. List all trauma educational programs funded by your facility and the location of those courses: _____

g. Describe any public trauma educational activities sponsored by your facility: _____

h. Describe any trauma education programs for prehospital providers at your facility: _____

i. Do you have injury prevention programs? (circle one) YES NO

j. **List all injury prevention programs and briefly describe:** _____

Physician Name	Residency Where and When completed	Broad Certified? If yes, list place and date	ATLS status: (provider or instructor) Date of expiration	Attach a list of trauma related CME taken during the last three years by each physician listed.	Frequency of ED rotation (all regularly scheduled shifts) Attach list of all ED schedules for previous three months.